

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000089807

Entity Name: BRASIL PRODUCTIONS, L.L.C.**Current Principal Place of Business:**13801 N.W. 14TH STREET
SUNRISE, FL 33323**Current Mailing Address:**13801 N.W. 14TH STREET
SUNRISE, FL 33323 US**FEI Number:** 46-1071182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HBO LATIN AMERICA
396 ALHAMBRA CIRCLE
SUITE 400
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BRASIL CONTENT, L.L.C.
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title CEO
Name COMAS, GASTON
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title PRES
Name PAGANI, JOSE M
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title EVP
Name PERAZA, LUIS
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title CFO
Name TORKINGTON, DAVID
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title VP
Name HERNANDEZ, ROBERTO P
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title GENERAL MANAGER
Name RODRIGUEZ, JESUS
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

Title COO
Name CORDERO, VINCENT
Address 13801 N.W. 14TH STREET
City-State-Zip: SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VANESSA TRAVIESO**DIRECTOR, BUSINESS &
LEGAL AFFAIRS****04/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date